

## 1969 Central Avenue Lake Station, IN 46405

Phone (219) 962-2081

Fax (219) 963-9275

**Clerk Treasurer: Joseph Castellanos** 

## **Application for Animal License**

Date:	_			
Animal Owner:				
Address:				
Phone:		Fax:		_
Name of Pet:		Breed:		-
Color:	Sex:	Spayed/Neutero	ed: Yes No	
1	Fee for Spaded/Neutere	ed: \$5 Fee for No	n-Spayed/Neutered: \$10	
Distinguishing Marks:				
City Tag Number:	Expired Rabies Vaccine Date:		Rabies Tag Number:	
I CERTIFY THAT	Γ MY ANIMAL HA	AS HAD ITS RAB	IES SHOTS AS REQUIRE	ED BY LAW:
Signature of Owner:			Date:	
To receive an animal lice	ense, we will need a copy	of the rabies vaccine c	ertificate and homeowner's or re	ental insurance

To receive an animal license, we will need a copy of the rabies vaccine certificate and homeowner's or rental insurance showing liability of coverage of \$100,000 or more.

Per Ordinance No. 2008-11: Section 1.24 (B)

Before a license is issued, the applicant must show proof that the animal being licensed is up to date on all vacations and proof that the animal is covered for a minimum, **ONE HUNDRED THOUSAND DOLLARS** (\$100,000) for any injury, damage, or loss caused by the animal on their homeowner's or renter's insurance.